PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09826678

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 20						ويستوشها وواحاتها لمعابلا ساباتها	Γ	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	0	Ī	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			H minus 3 =		•	/	ļ	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				ľ	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	-)10.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	Chapman State			PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL AINA	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
BEST AVAILABLE COPY							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								IDDII. FEET		•	ADDITITEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		ÓΒ	X\$18=	Ì
	Independent		Minus	***	-	<u> </u>		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	I CLAIM			+135=		OR	+270=	
							L	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
A.MENDMENT C		CLAIMS PEMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		ኧቕ 9=		I IOR	% \$18=	
	Independent		Minus	***		=	 	X4U=		l Or	X80=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	T CLAIN					Ì		
	If the entry in colu	mn 1 is less than t	the entry in col	umn 2, wri	te "0" in c	olumn 3.	L	+135=		OR	+270= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												